

# CLAIMS ONLY

Application Number

10/6/16, 880

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total							Total						
Indep	4						Indep						
Total	17						Total						
Depend							Depend						
Total	21						Total						
Claims							Claims						